| 2150<br>6292     | 40909<br>7                   |                        |   | te of Ne        | <sub>braska</sub><br>gator's | s Mo                    | tor       | Vel | hicl   | e A               | ccid      | er        | nt Re                | eport                    | ,                  | Shee           | et _1          | of _          | 2                |
|------------------|------------------------------|------------------------|---|-----------------|------------------------------|-------------------------|-----------|-----|--|-------------------|-----------|-----------|----------------------|--------------------------|--------------------|----------------|----------------|---------------|------------------|
| 2                | Total Number of Vehicles O31 |                        |   |                 |                              |                         | B5-093157 |     |  |                   |           | HIT & RUN | INVESTIGA            | L<br>1                   |                    |                |                |               |                  |
| A/1              | of Vehi                      |                        | M / D D / Y Y Y Y Y                     |                 |                              |                         |           |     |  |                   | X YES     |           |                      | NO litary Time)          | STATE USI          | YES            |                | NO            | 1                |
| 01               | DATE<br>OF<br>ACCIDENT       |                        | 06/2015 S M T W TH F S TIME OF ACCIDENT |                 |                              |                         |           |     |  |                   |           |           |                      |                          |                    |                |                |               |                  |
| A/2              |                              | PLACE COUNTY Lancaster |   |                 |                              |                         |           |     |  |                   | POLIC     | E         | 1638                 |                          |                    |                |                |               |                  |
| В                | OF<br>ACCIDENT               | Г                      | Zanodoto                                |                 |                              |                         |           |     |  | Nothing L         |           |           | PRIVATE              | YES NO                   | 10/06              | 10/06/2015     |                |               |                  |
| 75               | BOAD O                       | CITY                   | Lincoln STREET/ STREET/                 |                 |                              |                         |           |     |  | PROPER            |           |           |                      | ERTY? X LATITUDE         |                    |                |                |               | 1                |
| С                | ROAD O<br>ACCIDENT           | OCCUR                  | RED                                     | HIGHWAY N       | o. <b>2700 (</b>             |                         |           |     |  |                   | I         |           | ONE-WAY<br>STREET?   |                          |                    |                |                |               |                  |
| 1                | DISTANCE FROM MILEPOST N S   |                        |   |                 |                              | S E W OF MILEPOST HIGHV |           |     |  |                   | HWAY      | NO.       |                      | LONGITUDE                |                    |                |                |               |                  |
| D                |                              | NAN                    |   |                 |                              |                         |           |     | IF NOT AT INTERSECTION           FEET         MILES         N         S         E         W           5.00         X |                   |           |           | EAREST STREE         | T BRIDGE                 | RAII               | ROAD (         | ROSSING        | -             |                  |
| 1                |                              | 147 44                 |   |                 |                              |                         |           |     |  |                   |           |           | N.                   | II, BINBOL               | TOTAL              | to/tb/c        | <u> </u>       |               |                  |
| V1/M<br>10       |                              |                        |   | IF              | ACCIDENT V                   | WAS OUTS                | SIDE CI   |     |  | DICATE            | DISTANO   |           |                      |                          |                    |                |                |               |                  |
| V2/M             | MILES                        |                        | -                                       | N S E           | W AND MILES                  |                         |           | N   | S E  |                   | F NEAREST |           |                      |                          |                    |                |                |               |                  |
| 01               | R. work                      | R1                     | R2                                      | R3 R4           | S. PEDES                     | STRIAN                  | S1        | S2  | S3   | S4 S              | 5-a S5-b  | S6-a      | a S6-b               | DOES ACCID               |                    |                |                |               | -                |
| E                | ZONE<br>CODES                | 1                      |   |                 | CLAS:<br>CODE                | SIFICATION<br>S         | 1         |     |  | STATE DEPT.       |           |           |                      |                          |                    | S PRI          | OPERI          | 11            |                  |
| 2                |                              |                        |   |                 |                              |                         |           | VE  | HICLE  | NO. 1             |           |           |                      |                          | - 43               |                |                |               | 1                |
| F<br>1           | DRIVER<br>LICENSE            |                        | NO.                                     |                 |                              |                         |           |     |  |                   |           |           |                      | STATE<br>(Of License)    |                    | SE             | <b>=</b> x ∈   | FEMALE        |                  |
| V1/N             | DRIVER Unknow                | 'n                     |   |                 |                              |                         |           |     |  |                   | PHONE     |           |                      |                          | LOCAL NO           | ).             |                | <u> </u>      | 1                |
| 1                | DRIVER ADDRI                 |                        |   |                 |                              | CITY,                   | STATE, Z  | ZIP |  |                   |           |           |                      | DATE OF                  |                    |                |                |               | V1/1             |
| V2/N<br><b>1</b> | OWNER                        |                        |   |                 |                              |                         |           |     |  |                   | PHONE     |           |                      | BIRTH<br>(MM / DD / YYYY | LOCAL NO           | <u></u>        |                |               | 19               |
| G G              | Unknow<br>OWNER ADDRI        |                        |   |                 |                              | CITY                    | STATE, 2  | 7IP |  |                   |           |           | CITATION             | YES                      | CITATION NO.       |                |                |               | V1/2             |
| 1                |                              |                        |   |                 |                              | J. 1.,                  | 0 , , .   |     |  |                   |           |           | PENDI                | \ /                      | 0.17.11.014        |                |                |               | V1/3             |
| н                | LICENSE<br>PLATE             |                        | NO.                                     | Unknow          | 'n                           |                         |           |     |  |                   |           | (Pla      | YEAR<br>ate Expires) |                          |                    | STAT<br>(Of Pl |                |               |                  |
| 5<br>V1/O        | VEHICLE                      |                        | ΥI                                      | EAR             | MAKE                         |                         | MODEL     |     |  | BODY S            | TYLE      | •         | COLOR                | E                        | STIMATED D         |                | E              |               | V1/4             |
| 5                | VEHICLE ID                   | Τ                      |   |                 |                              |                         |           |     |  |                   |           |           |                      | E COMPANY                |                    | - +            |                |               | V1/5             |
| V2/O             | NO. (VIN) TOWED TO           |                        |   |                 |                              | TOWED BY                | Y         |     |  |                   |           |           | Unkn<br>POLICY NO    |                          |                    |                |                |               | 19               |
| 2                |                              |                        |   |                 |                              |                         |           | VE  | HICI E   | NO. 2             |           |           |                      |                          |                    |                |                |               | V1/6<br><b>5</b> |
| 1                | DRIVER                       |                        | NO.                                     |                 |                              |                         |           |     | IIIOLL   | 140. 2            |           |           |                      | STATE                    |                    | SE             | - x            | FEMALE        | <u> </u>         |
| V1/P             | DRIVER                       |                        | NO.                                     |                 |                              |                         |           |     |  |                   | PHONE     |           |                      | (Of License)             | LOCAL NO           |                |                | MALE          |                  |
| 8                | Unattend<br>DRIVER ADDRI     |                        | .ega                                    | ally Parke      | ea                           | CITY,                   | STATE, Z  | ZIP |  |                   |           |           |                      | DATE OF                  |                    |                |                |               | V2/1<br>18       |
| V2/P             | OWNER                        |                        |   |                 |                              |                         |           |     |  |                   | PHONE     |           |                      | BIRTH<br>(MM / DD / YYYY | LOCAL NO           |                |                |               | V2/2             |
| 7<br>J           | CAITLIN                      |                        | LTE                                     | ERS             |                              |                         |           |     |  |                   |           | 2) 43     | 32-2155              |                          |                    |                |                |               |                  |
| 12               | 5641 NV                      |                        | INC                                     | COLN, NI        | E 68521                      | CITY,                   | STATE, Z  | ZIP |  |                   |           |           | CITATION  PENDI      | NG XNO                   | CITATION           | NO.            |                |               | V2/3             |
| V1/Q             | LICENSE<br>PLATE             | PA                     | NO.                                     | TJX181          |                              |                         |           |     |  |                   |           | (Pla      | YEAR<br>ate Expires) | 2015                     |                    | STAT<br>(Of Pl | TE<br>late)    | NE            | V2/4             |
| 4<br>V2/Q        | VEHICLE                      | YEAR                   |   | )11             | MAKE                         |                         | MODEL     |     |  | BODY S            |           | an.       | COLOR                | E                        | STIMATED D         | DAMAG          | 2500           | )             | V2/5             |
| 4                | VEHICLE ID                   | ENII                   | Hyundai   SLI<br>PEC4AB6BH175119        |                 |                              |                         |           |     |  | 4 door Sedan gray |           |           |                      |                          |                    |                |                |               |                  |
| К                | NO. (VIN) TOWED TO           | INIC                   | TOWED BY                                |                 |                              |                         |           |     |  |                   |           | POLICY NO | o Insuranc           | <u> </u>                 | <del> </del>       |                |                |               |                  |
| 01               |                              |                        | 1 - 4 -                                 | 41.1-           |                              | 11 - 1                  | •         |     |  |                   |           |           |                      | -54-37-66                | 1 1                | 2              | 3              | 4 5           | 5                |
|                  |                              |                        |   |                 | ection fo<br>on report, if I | more than i             |           |     |  |                   |           |           |                      | OF BIRTH<br>DD / YYYY)   | Seat<br>Position   | Eject          | Body<br>Region |               | - SEX            |
| VEH. #           | NAME                         |                        |   |                 | AI                           | DDRESS                  |           |     |  |                   |           |           |                      |                          |                    |                |                |               |                  |
|                  | LOCAL NO.                    |                        | MEDICAL FACILITY NAME                   |                 |                              |                         |           |     | EMS SE   | EMS SERVICE NAME  |           |           |                      | EMS RU                   | EMS RUN REPORT NO. |                |                |               |                  |
| VEH. #           | NAME                         |                        |   |                 | AI                           | DDRESS                  |           |     |  |                   |           | $\top$    |                      |                          |                    |                |                | $\overline{}$ |                  |
|                  |                              |                        | IMEE:                                   | CAL EACH TO     | NAME                         |                         |           |     | IEMO OF  | DV/IOE 1:         | ME        |           |                      |                          | EMS RU             | N DEE:         | DET NO         |               |                  |
|                  | LOCAL NO.                    |                        | IMEDI                                   | ICAL FACILITY I | NAIVIE                       |                         |           |     | EIVIS SE   | RVICE N           | AIVIE     |           |                      |                          | EMS RU             | N KEPC         | JK1 NO.        |               |                  |
| VEH. #           | NAME                         |                        | -                                       |                 | AI                           | DDRESS                  |           |     |  |                   |           |           |                      |                          |                    |                |                |               |                  |
|                  | LOCAL NO.                    |                        | MEDI                                    | ICAL FACILITY   | NAME                         |                         |           |     | EMS SE   | RVICE N           | AME       |           |                      |                          | EMS RU             | N REPO         | DRT NO.        |               |                  |

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| the restaura driver and vinto the re | E MOVEMENT COLLISION ROAD OR HIGHWAY NA 2700 N. 27 C 2700 N. 27 C 2700 N. 20 C Turning le O7 Making U O8 Entering U Beaving  | OWNE OWNE  OWNE  OWNE  OWNE   | inutes and Owner of vehicle #2 s te to vehicle ER NAME ER NAME VEHIC POINT OF IMPACT DAMAGED  | POINT OF OST DAI O4  | IMPACT MAGED A  Soft each  V  POINT IMPACT MAGED A  MOST DAMAGAREA  02   0   | AND AREA T vehicle  T T T T T T T T T T T T T T T T T T T  | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS  | the north of the red vehicle #1 struck a larger white truck a larger white truck e larger white truck be larger white truck to be larger white truck to be larger white truck as a larger white truck to be larger white truck to be larger white truck as larger white  | estauran<br>k her vel<br>ck with a<br>ck was g        | PHONE  RESTRAINT VEHICLE  1 None used - vehic 2 Lap & shoulder be 3 Shoulder belt only 4 Lap belt only use 5 Child safety seat   | exchanging parked to mage to hange to h | TOOCCI ALC LE TES BAC I A SI 1 No        | PHONI | Driver No. 1  VEH 1  Driver No. 1  Y  N  X  OL/ GS  TED  | cost of Cost o | DAMAGE  DAMAGE  DAMAGE  DAMAGE  DAMAGE  DAMAGE  DAMAGE  DAMAGE   |
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